



# CITY OF HUNTINGTON BEACH

## FINANCE DEPARTMENT – BUSINESS LICENSE

P. O. Box 190 - 2000 Main Street, Huntington Beach, CA 92648-2702

Phone (714) 536-5267 – Fax (714) 536-5934 – [www.surfcity-hb.org](http://www.surfcity-hb.org)

## APPLICATION FOR BUSINESS LICENSE

<b>BUSINESS DETAILS:</b> Applications must be typed, or legibly hand printed in blue or black ink							
Name of Business (DBA)							
Name of Corporation (attach list of officers)							
Owner(s) or Principal(s)					Title		
					Title		
Contact Person					Title		
Business Address							
Mailing Address							
Web Site		E-mail Address		Business Phone		Fax	
Type of Ownership: <input type="checkbox"/> Sole Proprietor		Social Security #		Type of Ownership: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		Federal Tax ID #	
State Tax ID #		Date Business Started in Huntington Beach		# Employees (include self per latest tax filing):		Full-time	
Part-time (FTE)		SIC #					
Detailed Description of Business Activity							
Located in a BID? <input type="checkbox"/> Yes <input type="checkbox"/> No		BID Zone <input type="checkbox"/> 1 <input type="checkbox"/> 2		Area (sq ft)		BID Type	
Discharge into Stormdrain? <input type="checkbox"/> Yes <input type="checkbox"/> No		NPDES Permit #					
Description of Products Sold			Do you collect sales tax? <input type="checkbox"/> Yes <input type="checkbox"/> No			Seller's Permit (Resale #)	
Business Vehicles Used in the City? <input type="checkbox"/> Yes <input type="checkbox"/> No How Many?		Under 1 ton		1-3 tons		Over 3 tons	
License Plate #		License Plate #					
<input type="checkbox"/> General Contractor <input type="checkbox"/> Sub Contractor		Contractor's Lic #		Classes		Type of Job	
Project Address (# street)							
Burglar Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, permit is required. Call (714) 960-8805		Alarm Permit #		Health Permit #		ABC License #	
CUPA#		State License (# / Type / Exp. Date)		Live Entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Sale of Adult Only Items? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Coin Operated Machines? <input type="checkbox"/> Yes <input type="checkbox"/> No		# Vending		# Amusement		# Service	
# Music		# Bulk					
Vending Company's Name/Address/Phone							
# Apt/Motel/Rooming House/Office Units		#Trailer Spaces		Date of Purchase		Mobile Vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete section on back of form	
<p>I am aware of the provisions of Section 3700 of the California Labor Code, which requires every employer to be insured against liability for Workers Compensation. (Please check appropriate box)</p> <p><input type="checkbox"/> Certificate of Workers Compensation Insurance <input type="checkbox"/> Certificate of Self-Insurance of Workers Compensation</p> <p><input type="checkbox"/> I certify that in the performance of work for which this license is issued I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California. Note: If after signing the certificate, you hire any employee, you become subject to the workers' compensation provisions of the California Labor Code and you must immediately comply with the provisions of Section 3700 or your license immediately becomes revoked.</p>							
I hereby declare under penalty of perjury that the information and statements on this application are true and correct.							
Signature: _____				Title: _____			
Printed Name: _____				Date: _____			
<b>Total Due:</b>							

SUPPLEMENTARY INFORMATION REQUIRED: (NON-PUBLIC INFORMATION)						
Owner or Principal					Title	
Residence Address						
City			State	Zip	Home Phone	
Date of Birth		Social Security #		Drivers License		
Signature			Date			
Partner's Name or Secondary Principal (If applicable)					Title	
Residence Address						
City			State	Zip	Home Phone	
Date of Birth		Social Security #		Drivers License		
Signature			Date			
ALTERNATIVE CONTACT IN CASE OF EMERGENCY:						
Name			Title		Phone	
MOBILE VENDORS ONLY – SUPPLEMENTARY INFORMATION:						
Products Sold			Overnight Location of Vehicle			
Registered Owner of Vehicle			Description of Logo (may attach photo)			
Make of Vehicle		Year	Color		Serial #	Engine #
Previous License? <input type="checkbox"/> Yes <input type="checkbox"/> No		City where previous license obtained			Date	
Has license/franchise previously been revoked/suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Suspension if Yes				Year
<b>Please attach list of drivers/vendors; copy of liability insurance; photo of vehicle.</b>						
IMPORTANT INFORMATION:						
Please notify the Business License Office of any changes to the business, including business name, location, owners, partners, business type or activity. If the business license is not updated accordingly, it may no longer be valid and the business owner may then be liable for penalties and administrative citations.						
If the business moves to another commercial location, a Certificate of Occupancy for the new location must be applied for with the Planning Department. Call (714) 536-5271 for application.						
As an applicant for a business license as a sole proprietor, you are required to provide your Social Security number as part of the application. Pursuant to Section 405(c)(2)(C)(i) of Title 42 of the United States Code, the City is permitted to require disclosure of the Social Security number for tax purposes. Disclosure of this information is mandatory. However, while disclosure is required in order for the City to properly administer the business license tax program, the Social Security number is not public record, and will not be disclosed to any members of the public.						
OFFICE USE ONLY:						
Certificate of Occupancy  CD T	Date Filed	Bus License #	Drivers Lic	Receipt	<b>TOTAL DUE:</b> _____ (Includes non-refundable processing fee)	

**NOTES:**